EXHIBIT "N"

ORIGIN ID:GVLA
RSC IMMIGRATION
LAW GROUP
1875 OLD ALABAMA RD
SUITE 720
ROSWELL, GA 30076
UNITED STATES US

(678) 461-6046

SHIP DATE: 30JAN23 ACTWGT: CAD: 256780266/INET4580

BILL SENDER

TO USCIS

ATLANTA FIELD OFFICE 2150 PARKLAKE DRIVE

ATLANTA GA 30345





WED - 01 FEB 4:30P

** 2DAY **

TRK# 7711 6062 5765

30345





DELIVERY STATUS

Delivered 🚳

FedEx* Tracking

Track Another Shipment

Help

DELIVERED

Wednesday

2/1/2023 at 11:37 am

Signed for by: M.WESTMORELAND

♣ Obtain Proof of delivery

How was your delivery?



Want updates on this shipment? Enter your email and we will do the rest!

YOUR EMAIL

SUBMIT

MORE OPTIONS

Manage Delivery

TRACKING ID

771160625765

FROM

Roswell, GA US

Label Created 1/30/2023 11:25 AM

PACKAGE RECEIVED BY

FEDEX

ALPHARETTA, GA 1/30/2023 5:33 PM

IN TRANSIT

DECATUR, GA

2/1/2023 9:59 AM

OUT FOR DELIVERY

DECATUR, GA

2/1/2023 9:59 AM

 \bigcirc

DELIVERED

ATLANTA, GA US

Delivered

2/1/2023 at 11:37 AM

↓ View travel history



Shipment Receipt

Address Information

Ship to:

Ship from:

USCIS

RSC Immigration

Atlanta Field Office

Law Group

2150 Parklake Drive

1875 Old Alabama Rd

Suite 720

ATLANTA, GA

Roswell, GA

30345 US

30076 US

000000000

6784616046

Shipment Information:

Tracking no.: 771160625765 Ship date: 01/30/2023

Estimated shipping charges: 9.20 USD

RFE RESPOSE

Ana & lose Hernandez

Package Information

Pricing option: FedEx One Rate Service type: FedEx 2Day Package type: FedEx Envelope

Number of packages: 1

Total weight:

Declared Value: 100.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

Billing Information:

Bill transportation to: MyAccount-540

Your reference:

P.O. no.: Invoice no.: Department no.:

Thank you for shipping online with FedEx ShipManager at fedex.com.

Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, darnage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of darnage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in cur Service Guide. Written claims must be filled within strict time first; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable FedEx Service Guide or the FedEx Rate Sheets for details on how shipping charges are calculated.

INCLUDED IN THIS SUBMISSION ARE TWO SEPARATE APPLICATIONS FILED CONCURRENTLY

- 1. RFE Response for Ana Jael Hernandez
 A#:
- 2. RFE Response for Jose Ruben Hernandez

 A#:

January 5, 2023

ANA JAEL HERNANDEZ c/o RUBEN JOSE HERNANDEZ



RE: I-485, Application to Register Permanent Residence or Adjust Status U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
2150 Parklake Drive
Atlanta. GA 30345



U.S. Citizenship and Immigration Services



IOE0909123092



REQUEST FOR EVIDENCE

You are receiving this notice because U.S. Citizenship and Immigration Services (USCIS) requires additional evidence to process your Form I-485, Application to Register Permanent Residence or Adjust Status, filed on May 26, 2020 under section 245 of the Immigration and Nationality Act (INA) based on being the beneficiary of a family-based immigrant petition. Please read this letter carefully, follow all of the instructions, and provide the requested evidence and information in order for us to make a final decision on your case. Include duplicate copies if you are requesting consular notification.

What You Need to Do

Submit a complete Form I-693, Report of Medical Examination and Vaccination Record. This form is required to complete your Form I-485, Application to Register Permanent Residence or Adjust Status. Your existing Form I-693 was signed by the civil surgeon more than two years ago and is expired. Please submit a new Form I-693 completed by a designated civil surgeon.

Civil surgeons must use the current edition of Form I-693. Outdated/previous editions will not be accepted. You can find the current edition of Form I-693 on USCIS's website at www.uscis.gov. In addition, the civil surgeon must ensure that all parts of Form I-693 were properly completed.

Please Note: All Forms I-693 signed by civil surgeons on or after October 5, 2022 must use the 07/19/2022 edition of Form I-693. USCIS will not accept the 09/13/2021 version (or any previous editions) if the civil surgeon signed the Form I-693 after October 4, 2022. Therefore, the civil surgeon administering your immigration medical examination must complete and sign the 07/19/2022 edition of the Form I-693.

Reminder: Effective October 1, 2021, applicants subject to the immigration medical examination must complete the COVID-19 vaccine series before the civil surgeon can complete an immigration medical examination and sign Form I-693. This applies to Form I-693 signed by civil surgeon on or after October 1, 2021.

Please return the completed Form I-693 in an envelope sealed by the civil surgeon. Including a copy of this notice with your Form I-693 will facilitate matching the medical report with your file.



Important Warning: Only a designated civil surgeon authorized by USCIS to conduct medical examinations is qualified to complete the Form I-693. The civil surgeon must complete, sign and date the Form I-693. Signatures by a nurse, physician's assistant, or a doctor not designated as a civil surgeon are not acceptable. If the civil surgeon refers you to a specialist, the specialist must include his or her medical exam results and complete the proper sections of the Form I-693 before the civil surgeon may sign the form. You must also sign and date the Form I-693 when instructed to do so by the civil surgeon. Once everyone has signed, the civil surgeon will place the original completed Form I-693 in a sealed envelope and give it to you; we will NOT accept photocopied Form I-693 and medical exam results. The sealed envelope must be returned, unopened, to this office with any other requested evidence.

A list of designated civil surgeons can be obtained by calling the USCIS Contact Center at 1-800-375-5283, or via the USCIS website at www.uscis.gov and using the MyUSCIS Find a Doctor tool at my.uscis.gov/findadoctor. You will need to provide your zip code or address. If you are hearing impaired, please call the USCIS Contact Center TDD at 1-800-767-1833.

Although processing times cannot be guaranteed, in order to complete your case in a timely, we strongly encourage you to submit your complete Form I-693 as soon as possible via express mail.

Your response must be received in this office by April 3, 2023.

Please note that you have been allotted the maximum period allowed for responding to a Request for Evidence (RFE). The time period for responding cannot be extended. 8 Code of Federal Regulations (8 CFR) 103.2(b)(8)(iv). Because many immigration benefits are time sensitive, you are encouraged to respond to this request as early as possible, but no later than the deadline provided. If you do not respond to this notice within the allotted time, your case may be denied. The regulations do not provide for an extension of time to submit the requested evidence.

You must either mail the requested information to the address shown below or scan and upload your response using your USCIS online account (if applicable). You must submit the requested information by April 3, 2023. Please note, if the request is for original documents, you must submit that evidence by mail.

You must submit all of the requested evidence at one time. If you submit only part of the evidence, we will make a decision based on the evidence that you submit. We will not consider any evidence that is submitted after the due date. If you do not respond to this request by the date shown above, we will deny your case.

If you submit a document in any language other than English, it must be accompanied by a complete, accurate and certified English translation of the entire document including a translation of the registrar's name and information, signature and stamp of the civil authority. The translator must certify that the translation is accurate, and he or she is competent to translate from that language to English. If you submit a foreign language translation in response to this request for evidence, you must also include a copy of the foreign language document.

We strongly recommend you keep a copy of all documents that you submit to USCIS in response to this request. Processing of your Form I-485, Application to Register Permanent Residence or Adjust Status, will resume upon receipt of your response. If you have not heard from USCIS within 60 days of responding, you may contact the USCIS Contact Center at 1-800-375-5283. If you are hearing impaired, please call the USCIS Contact Center TTY at 1-800-767-1833.



For questions about your application, please visit our web site at www.uscis.gov/tools, including our virtual assistant Emma, for information and guidance. If you are not able to find the information you need online, you can reach out to the USCIS Contact Center online by visiting www.uscis.gov/contactcenter.

Place a copy of this entire letter on top of your response. Submission of evidence without this letter may delay the processing of your case and could result in a denial.

Mail your response to this address:

Shirete Chillen

U.S. Citizenship and Immigration Services Atlanta Field Office 2150 Parklake Drive Atlanta, GA 30345

Sincerely,

Shineka C. Miller Field Office Director

Officer: 1466



January 30, 2023

U.S. Citizenship and Immigration Services Atlanta Field Office 2150 Parklake Drive Atlanta, GA 30345

RESPONSE TO REQUEST FOR EVIDENCE

CASE # IOE0909123092

RE:

Ana Jael Hernandez

Α#

Dear Officer:

I am writing in response to the enclosed Request for Evidence that USCIS issued on January 5, 2023. As indicated on the notice, the deadline to submit this response is April 3, 2023; therefore, this response is timely being filed.

Petitioner and Beneficiary retained my services to file this response on their behalf. Therefore, I am filing two signed and complete G-28 for both parties. Please enter my appearance as the Attorney of Record on this matter.

As indicated on the request, USCIS is requesting a completed Form I-693, Report of Medical Examination and Vaccination Record.

The following document is being submitted regarding the above:

 A Sealed and Completed Form I-693, Report of Medical Examination and Vaccination Record, signed by a USCIS Civil Surgeon and Applicant.

<u>Please note</u>: The address shown on the notice (5233 Woodbin Drive Norcross, GA 30093) is incorrect and it is a USCIS error. My clients have only provided one address (physical and mailing) on the I-130 Petition and I-485 Application. Their correct address is 4014 Benell Court Smyrna, GA 30082. <u>Please correct the address of Ana on the record, so the LPR Card is delivered correctly after approval.</u>

Please continue processing the above indicated case. The requested evidence has been submitted in its entirety. If you need any additional information, please contact my office as I am the Attorney on Record for the above case.

Jugar

RESPONSIVE . SUCCESSFUL . COMPASSIONATE



Notice of Entry of Appearance as Attorney or Accredited Representative

Form G-28

DHS

OMB No. 1615-0105 Expires 05/31/2021

Department of Homeland Security

		Ехриса 05/51/2
or	Part 2. Eligibility Inform	ation for Attorney or

Pa	Part 1. Information About Attorney or Accredited Representative										Part 2. Eligibility Information for Attorney or Accredited Representative				
1.	USCIS Onlin	e Ac	cou	nt Nur	nber	(if any)	1	À				all applicable items.		
37	0 2 3 8 1 9 3 3 8 0 5 8												I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest		
	Name of Attorney or Accredited Representative 2.a. Family Name Claments								ive				courts of the following states, possessions, territories commonwealths, or the District of Columbia. If you		
	(Last Name)	(Last Name) Cientents				need extra space to complete this section, use the space provided in Part 6. Additional Information.									
2.b.	Given Name (First Name)	Ja	ckel	ine	E								Licensing Authority		
2.c.	Middle Name	A.	*		120			200					Georgia		
								10			1.b	. Ba	ar Number (if applicable)		
Ad	dress of Attor	nes	or	Accr	edite	ed Re	pres	senta	tti	ve		15	55757		
3.a.	Street Number and Name	1	875	Old A	laba	ma R	oad		****	7	1.c.	1((select only one box) 🗵 am not 🔲 am		
3.b.	Apt.	Ste.] Flr.	72	20						dis	sbarring, or otherwise restricting me in the practice of		
3.c.	City or Town	Ro	swe	11							law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide				
3.d.	State GA	3.6	e. 7	ZIP Co	de 3	0076					1.d.		explanation.		
3.f.	Province					=	1.0.		osen, Sokol & Clements Immigration Law Group						
	TIOVINCE	N/A									2.a.		The second secon		
3.g.	Postal Code	N/A									2.0		I am an accredited representative of the following qualified nonprofit religious, charitable, social		
3.h.	Country						153					service, or similar organization established in the United States and recognized by the Department of			
	United States								pi.				Justice in accordance with 8 CFR part 1292.		
Con	tact Informa	tion	of	Attor	ทคบ	or A	cero	diten	,		2.b.	Nar	me of Recognized Organization		
	resentative		-		,	71		uncu				N//	A		
	Daytime Teleph	one	Nur	nber							2.c.	Dat	te of Accreditation (mm/dd/yyyy)		
	678-461-6046												N/A		
	Mobile Telepho	ne N	lum	ber (if	any)	116					3.		I am associated with		
	N/A	ist.										٠,	N/A		
	Email Address (if ar	iv)										the attorney or accredited representative of record		
	jacky@rscimmigration.com											who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative			
. 1	Fax Number (if any)											for a limited purpose is at his or her request.			
I	678-461-5556					4.a.	I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).								
											4.b.	Name of Law Student or Law Graduate			
											A THE	N/A			

Part 3. Notice of Appearance as Attorney or Accredited Representative	Client's Contact Information 10. Daytime Telephone Number				
If you need extra space to complete this section, use the space provided in Part 6. Additional Information.	678-524-6774				
This appearance relates to immigration matters before (select only one box):	11. Mobile Telephone Number (if any) 678-524-6774				
 1.a. U.S. Citizenship and Immigration Services (USCI 1.b. List the form numbers or specific matter in which appearance is entered. 	S) 12. Email Address (if any) rdeviez@yahoo.com				
I-485	Mailing Address of Client				
 2.a. U.S. Immigration and Customs Enforcement (ICE 2.b. List the specific matter in which appearance is entered. N/A 3.a. U.S. Customs and Border Protection (CBP) 3.b. List the specific matter in which appearance is entered. 	the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application or petition being filed with this Form G-28. 13.a. Street Number and Name				
N/A	13.b. Apt. Ste. Flr. N/A				
4. Receipt Number (if any) I O E 0 9 0 9 1 2 3 0 9	13.c. City or Town 2 13.d. State 13.e. ZIP Code				
I enter my appearance as an attorney or accredited representative at the request of the (select only one box Applicant Petitioner Requestor Beneficiary/Derivative Respondent (ICE, CE Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent	13.g. Postal Code N/A 13.h. Country United States				
or Authorized Signatory for an Entity)	Part 4. Client's Consent to Representation and				
.a. Family Name (Last Name) Hernandez	Signature				
.b. Given Name (First Name)	Consent to Representation and Release of Information				
.c. Middle Name Jael	I have requested the representation of and consented to being				
a. Name of Entity (if applicable)	represented by the aftorney or accredited representative named				
N/A	in Part 1. of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I				
b. Title of Authorized Signatory for Entity (if applicable) N/A	also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.				
Client's USCIS Online Account Number (if any) N / A	appear in any system of records of OSCIS, ICE, of CBP.				
Client's Alien Registration Number (A-Number) (if any) • A-					

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select all applicable items below. You may change these elections through written notice to USCIS.

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.

1.c. I request that USCIS send my notice containing Form 1-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

- fue temende

2.b. Date of Signature (mm/dd/yyyy) 01-30-7023

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney of Accredited Representative

1.b. Date of Signature (mm/dd byyy)

01/30/2023

2.a. Signature of Law Student or Law Graduate

NA

2.b. Date of Signature (mm/dd/yyyy)

NA

Pa	rt 6. Additi	onal I	nformation			4.	. Page Numbe	r 4.t	Part Number	4.0			
with than com pape indi	If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the Page Number, Part Number, and Item Number						N/A N/A N/A N/A		N/A		N/A		
1.a	Family Name Hernandez						N/A						
1 h	(Last Name) Given Name	rieiti					N/A	B					
1.0.	(First Name)	Anna					N/A						
1.c.	Middle Name	Jael					N/A						
2.a.	Page Number	2.h	Part Number	2.c	. Item Number		N/A						
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Notice of Entry of Appearance as Attorney or Accredited Representative

Security OMB No. 1615-0

Department of Homeland Security

Form G-28 OMB No. 1615-0105 Expires 05/31/2021

DHS

P	art 1. Inform	ation About Attorney or	PA	Part 2. Eligibility Information for Attorney or Accredited Representative					
1.	USCIS Onlin	e Account Number (if any)	and Setuci	Select all applicable items.					
100	•	0 2 3 8 1 9 3 3 8 0 5 8		1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest					
	Family Name	ey or Accredited Representative Clements		courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the					
2.b	(Last Name) Given Name	Jackeline]	space provided in Part 6. Additional Information.					
2.c.	(First Name) Middle Name]	Licensing Authority Georgia					
			1.h	.b. Bar Number (if applicable)					
Ad	dress of Attor	ney or Accredited Representative	BASE	155757					
3.a.	Street Number	1875 Old Alabama Road	1.c.	.c. I (select only one box) 🗵 am not 🔲 am					
3.b.	and Name			subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of					
3.c.	City or Town	Roswell		law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide an explanation.					
3.d.	State GA	3.e. ZIP Code 30076	1.d.						
3.f.	Province	N/A		Rosen, Sokol & Clements Immigration Law Group					
3.g.	Postal Code	N/A	2.a.						
3.h.	Country United States			service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292,					
Con	tact Informa	ion of Attorney or Accredited	2.b.	b. Name of Recognized Organization					
	resentative	or of randing or steereduce		N/A					
4.	Daytime Teleph	one Number	2.c.	. Date of Accreditation (mm/dd/yyyy)					
	678-461-6046			N/A					
5.	Mobile Telepho	ne Number (if any)	3.	I am associated with					
	N/A			N/A					
i.	Email Address (f any)		the attorney or accredited representative of record					
T	jacky@rscimm	igration.com		who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative					
	Fax Number (if any)			for a limited purpose is at his or her request.					
	678-461-5556		4.a.	I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).					
				Name of Law Student or Law Graduate					
				N/A					

Part 3. Accred	Notic	e of Appearance as Attorney or epresentative	Client's Contact Information 10. Daytime Telephone Number					
If you nee	ed extra	space to complete this section, use the space 5. Additional Information.	678-524-6774					
This appe	arance r	elates to immigration matters before	11. Mobile Telephone Number (if any)					
(select on	ly one b	ox):	678-524-6774					
1.a. 🔀	U.S. Cit	rizenship and Immigration Services (USCIS)	12. Email Address (if any)					
appe	earance i	n numbers or specific matter in which s entered.	rdeviez@hotmail.com					
1-48	35		Mailing Address of Client					
2.b. List	the spec	ific matter in which appearance is entered.	NOTE: Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on thapplication or petition being filed with this Form G-28.					
		stoms and Border Protection (CBP)	13.a. Street Number and Name					
N/A		fic matter in which appearance is entered.	13.b. Apt. Ste. Flr. N/A					
. Recei	ipt Num	ber (if any)	13.c. City or Town					
. I ente	· ·	O E 0 9 0 9 1 2 3 0 9 2	13.d. State 13.e. ZIP Code					
repres	sentative Applican	pearance as an attorney or accredited e at the request of the (select only one box): t Petitioner Requestor	13.f. Province N/A					
	27/2/247	t Petitioner Requestor Respondent (ICE, CBP)	13.g. Postal Code N/A 13.h. Country					
nformat	ion Ab	out Client (Applicant, Petitioner,	United States					
Requesto	r, Bene	eficiary or Derivative, Respondent,						
		ignatory for an Entity)	Part 4. Client's Consent to Representation and					
a. Family (Last I	y Name Name)	Hernandez	Signature					
b. Given (First)	Name	Ruben	Consent to Representation and Release of Information					
c. Middle	e Name	Jose	I have requested the representation of and consented to being					
a. Name	of Entity	(if applicable)	represented by the attorney or accredited representative named					
N/A	HE		in Part 1. of this form. According to the Privacy Act of 1974					
b. Title of	f Author	rized Signatory for Entity (if applicable)	and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or					
N/A		garage (in approache)	accredited representative of any records pertaining to me that					
Client's	s USCIS	Online Account Number (if any)	appear in any system of records of USCIS, ICE, or CBP.					
	>	N / A						
Client's	Alien R	legistration Number (A-Number) (if any)						
		► A- N / A						

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

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If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select all applicable items below. You may change these elections through written notice to USCIS.

- 1.a. Irequest that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.

1.c. Irequest that USCIS send my notice containing Form I-94 to me at my U.S. mailing address:

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

2.b. Date of Signature (mm/dd/yyyy)

01/30/2023

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Ayorney of Agerecated Representative

1.b. Date of Signature (minrod/xxxxy)

01/30/2023

2.a. Signature of Law Student or Law Graduate

NIA

2.b. Date of Signature (mm/dd/yyyy)

N/A

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complete and	file w	ith this	form or attach	a sepai	ate sheet of		N/A							
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to which you	r answ	er refer	s; and sign and	date ea	ich sheet.		N/A			1963	Y . THE			
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1.c. Middle	Name	Jose					N/A							
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DO NOT OPEN FOR USCIS ONLY

SA

Windy Hill Sanchez Med Clinic 706 Windy Hill Road SE Smyma, GA 30080 SA

January 5, 2023

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
2150 Parklake Drive
Atlanta, GA 30345

U.S. Citizenship and Immigration Services



IOE0909123091



JOSE RUBEN HERNANDEZ c/o RUBEN JOSE HERNANDEZ

RE: I-485, Application to Register Permanent Residence or Adjust Status

REQUEST FOR EVIDENCE

You are receiving this notice because U.S. Citizenship and Immigration Services (USCIS) requires additional evidence to process your Form I-485, Application to Register Permanent Residence or Adjust Status, filed on May 26, 2020 under section 245 of the Immigration and Nationality Act (INA) based on being the beneficiary of a family-based immigrant petition. Please read this letter carefully, follow all of the instructions, and provide the requested evidence and information in order for us to make a final decision on your case. Include duplicate copies if you are requesting consular notification.

What You Need to Do

Submit a complete Form I-693, Report of Medical Examination and Vaccination Record. This form is required to complete your Form I-485, Application to Register Permanent Residence or Adjust Status. Your existing Form I-693 was signed by the civil surgeon more than two years ago and is expired. Please submit a new Form I-693 completed by a designated civil surgeon.

Civil surgeons must use the current edition of Form I-693. Outdated/previous editions will not be accepted. You can find the current edition of Form I-693 on USCIS's website at www.uscis.gov. In addition, the civil surgeon must ensure that all parts of Form I-693 were properly completed.

Please Note: All Forms I-693 signed by civil surgeons on or after October 5, 2022 must use the 07/19/2022 edition of Form I-693. USCIS will not accept the 09/13/2021 version (or any previous editions) if the civil surgeon signed the Form I-693 after October 4, 2022. Therefore, the civil surgeon administering your immigration medical examination must complete and sign the 07/19/2022 edition of the Form I-693.

Reminder: Effective October 1, 2021, applicants subject to the immigration medical examination must complete the COVID-19 vaccine series before the civil surgeon can complete an immigration medical examination and sign Form I-693. This applies to Form I-693 signed by civil surgeon on or after October 1, 2021.

Please return the completed Form I-693 in an envelope sealed by the civil surgeon. Including a copy of this notice with your Form I-693 will facilitate matching the medical report with your file.

Important Warning: Only a designated civil surgeon authorized by USCIS to conduct medical examinations is qualified to complete the Form I-693. The civil surgeon must complete, sign and date the Form I-693. Signatures by a nurse, physician's assistant, or a doctor not designated as a civil surgeon are not acceptable. If the civil surgeon refers you to a specialist, the specialist must include his or her medical exam results and complete the proper sections of the Form I-693 before the civil surgeon may sign the form. You must also sign and date the Form I-693 when instructed to do so by the civil surgeon. Once everyone has signed, the civil surgeon will place the original completed Form I-693 in a sealed envelope and give it to you; we will NOT accept photocopied Form I-693 and medical exam results. The sealed envelope must be returned, unopened, to this office with any other requested evidence.

A list of designated civil surgeons can be obtained by calling the USCIS Contact Center at 1-800-375-5283, or via the USCIS website at www.uscis.gov and using the MyUSCIS Find a Doctor tool at my.uscis.gov/findadoctor. You will need to provide your zip code or address. If you are hearing impaired, please call the USCIS Contact Center TDD at 1-800-767-1833.

Although processing times cannot be guaranteed, in order to complete your case in a timely, we strongly encourage you to submit your complete Form I-693 as soon as possible via express mail.

Your response must be received in this office by April 3, 2023.

Please note that you have been allotted the maximum period allowed for responding to a Request for Evidence (RFE). The time period for responding cannot be extended. 8 Code of Federal Regulations (8 CFR) 103.2(b)(8)(iv). Because many immigration benefits are time sensitive, you are encouraged to respond to this request as early as possible, but no later than the deadline provided. If you do not respond to this notice within the allotted time, your case may be denied. The regulations do not provide for an extension of time to submit the requested evidence.

You must either mail the requested information to the address shown below or scan and upload your response using your USCIS online account (if applicable). You must submit the requested information by April 3, 2023. Please note, if the request is for original documents, you must submit that evidence by mail.

You must submit all of the requested evidence at one time. If you submit only part of the evidence, we will make a decision based on the evidence that you submit. We will not consider any evidence that is submitted after the due date. If you do not respond to this request by the date shown above, we will deny your case.

If you submit a document in any language other than English, it must be accompanied by a complete, accurate and certified English translation of the entire document including a translation of the registrar's name and information, signature and stamp of the civil authority. The translator must certify that the translation is accurate, and he or she is competent to translate from that language to English. If you submit a foreign language translation in response to this request for evidence, you must also include a copy of the foreign language document.

We strongly recommend you keep a copy of all documents that you submit to USCIS in response to this request. Processing of your Form I-485, Application to Register Permanent Residence or Adjust Status, will resume upon receipt of your response. If you have not heard from USCIS within 60 days of responding, you may contact the USCIS Contact Center at 1-800-375-5283. If you are hearing impaired, please call the USCIS Contact Center TTY at 1-800-767-1833.

For questions about your application, please visit our web site at www.uscis.gov. You can use our online tools at www.uscis.gov/tools, including our virtual assistant Emma, for information and guidance. If you are not able to find the information you need online, you can reach out to the USCIS Contact Center online by visiting www.uscis.gov/contactcenter.

Place a copy of this entire letter on top of your response. Submission of evidence without this letter may delay the processing of your case and could result in a denial.

Mail your response to this address:

Shirth Chillen

U.S. Citizenship and Immigration Services Atlanta Field Office 2150 Parklake Drive Atlanta, GA 30345

Sincerely,

Shineka C. Miller Field Office Director

Officer: 1466



January 30, 2023

U.S. Citizenship and Immigration Services Atlanta Field Office 2150 Parklake Drive Atlanta, GA 30345

RESPONSE TO REQUEST FOR EVIDENCE

CASE # IOE0909123091

RE: Jose Ruben Hernandez

Dear Officer:

I am writing in response to the enclosed Request for Evidence that USCIS issued on January 5, 2023. As indicated on the notice, the deadline to submit this response is April 3, 2023; therefore, this response is timely being filed.

Petitioner and Beneficiary retained my services to file this response on their behalf. Therefore, I am filing two signed and complete G-28 for both parties. Please enter my appearance as the Attorney of Record on this matter.

As indicated on the request, USCIS is requesting a completed Form I-693, Report of Medical Examination and Vaccination Record.

The following document is being submitted regarding the above:

 A Sealed and Completed Form I-693, Report of Medical Examination and Vaccination Record, signed by a USCIS Civil Surgeon and Applicant.

Please continue processing the above indicated case. The requested evidence has been submitted in its entirety. If you need any additional information, please contact my office as I am the Attorney on Record for the above case.

Sincerely

Jackeine A. Clements, Esq



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

Form G-28 OMB No. 1615-0105 Expires 05/31/2021

DHS

	t 1. Inform	ation About Attorney or		. 15	Eligibility Information for Atto ited Representative	rney or			
1.	USCIS Online	e Account Number (if any)	Sel	ect all	applicable items.				
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2.a.	Family Name (Last Name)	Clements			need extra space to complete this section space provided in Part 6. Additional In	ete this section, use the			
2.b.	Given Name (First Name)	Jackeline			Licensing Authority				
2.c.	Middle Name	A.			Georgia				
			1.b.	Bar I	Number (if applicable)				
Add	ress of Attor	ney or Accredited Representative		155	757				
3.a.	Street Number and Name	1875 Old Alabama Road	1.c.		lect only one box) 🔯 am not 🔲 am ect to any order suspending, enjoining, re	straining,			
3.b.	☐ Apt. 🗵	Ste.			arring, or otherwise restricting me in the p				
3.c.	City or Town	Roswell	law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provan explanation.						
3.d.	State GA	3.e. ZIP Code 30076	1.d.	Name	e of Law Firm or Organization (if applica	able)			
3.f.	Province	N/A	Rosen, Sokol & Clements Immigration I		w Group				
3.g.	Postal Code	N/A	2.a.	q	am an accredited representative of the foqualified nonprofit religious, charitable, s	ocial			
3.h.	Country			service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292. b. Name of Recognized Organization					
	United States								
Com	tact Informa	tion of Attorney or Accredited	2.b.						
	resentative	uon of Autorney of Accreuneu		N/A					
4.	Daytime Telep	hone Number	2.c.	Date	of Accreditation (mm/dd/yyyy)				
1	678-461-6046	STREET, SECURISION OF SECURISI			N/A				
5. 1	Mobile Telepho	one Number (if any)	3.		am associated with				
T.	N/A				N/A				
6. I	Email Address	(if any)			he attorney or accredited representative of the previously filed Form G-28 in this ca				
T	jacky@rscimr			a	ppearance as an attorney or accredited rep	presentative			
7. I	Fax Number (if	any)			or a limited purpose is at his or her reques				
- 1	678-461-5556		4.a.	 4.a.					
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		of Appearance as Attorney or	Cli	ient's Contact Information			
		presentative	10.	Daytime Telephone Number			
		pace to complete this section, use the space Additional Information.		678-524-6774			
-1000		lates to immigration matters before	11.	Mobile Telephone Number (if any)			
	ect only one bo			678-524-6774			
1.a.	X U.S. Cit	izenship and Immigration Services (USCIS)	12.	Email Address (if any)			
1.b.	List the form appearance is	numbers or specific matter in which sentered.		rdeviez@yahoo.com			
	1-485		Ma	iling Address of Client			
2.a. 2.b.		nigration and Customs Enforcement (ICE) fic matter in which appearance is entered.	NOTE: Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application or petition being filed with this Form G-28.				
3.a.	U.S. Cus	toms and Border Protection (CBP)	13.a.	Street Number			
3.b.	List the speci	fic matter in which appearance is entered.	and Name 13.b. Apt. Ste. Flr. N/A				
4.	Receipt Num!	ber (if any)	13.c.	City or Town			
	Þ I	OE0909123091	12.4	State 13.e. ZIP Code			
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	Family Name			4. Client's Consent to Representation and ature			
	(Last Name)	Hernandez	Lancon	MATERIAL PROPERTY OF THE PROPE			
	Given Name (First Name)	Jose		sent to Representation and Release of rmation			
.c.	Middle Name	Ruben		requested the representation of and consented to being			
.a.	Name of Entity	y (if applicable)		ented by the attorney or accredited representative named t1. of this form. According to the Privacy Act of 1974			
	N/A		and U.	S. Department of Homeland Security (DHS) policy, I			
.b.	Title of Author	ized Signatory for Entity (if applicable)		onsent to the disclosure to the named attorney or ited representative of any records pertaining to me that			
33	N/A			in any system of records of USCIS, ICE, or CBP.			
	Client's USCIS	Online Account Number (if any)					
	>	N / A					

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select all applicable items below. You may change these elections through written notice to USCIS.

- 1.a. X I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.

1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

2.b. Date of Signature (mm/dd/yyyy)

01/30/2023

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney of Acredited epresentative

1.b. Date of Signature (mm/dd/yyyy)

01/30/2023

2.a. Signature of Law Student or Law Graduate

NIA

2.b. Date of Signature (mm/dd/yyyy)

NIA

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1.b.	Given Name (First Name)	Jose					N/A			-		
1.c.	Middle Name	Ruben					N/A					
			THE REAL PROPERTY.				N/A					
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Notice of Entry of Appearance as Attorney or Accredited Representative

DHS Form G-28

OMB No. 1615-0105 Expires 05/31/2021

Department of Homeland Security

	rt 1. Inform credited Rep	nation About Attorney or presentative	Part 2. Eligibility Information for Attorney or Accredited Representative				
1.	USCIS Onlin	e Account Number (if any)	Se	elect all applicable items.			
Na	me of Attorn	0 2 3 8 1 9 3 3 8 0 5 8 ey or Accredited Representative	1				
	Family Name (Last Name)	Clements		need extra space to complete this section, use the space provided in Part 6. Additional Information.			
2.b.	Given Name (First Name)	Jackeline		Licensing Authority			
2.c.	Middle Name	A.		Georgia			
			1.b	Bar Number (if applicable)			
Ada	lress of Attor	rney or Accredited Representative		155757			
3.a.	Street Number and Name	1875 Old Alabama Road	1.0	I (select only one box) am not am subject to any order suspending, enjoining, restraining,			
3.b.	☐ Apt. 区 5	Ste.		disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space			
3.c.	City or Town	Roswell		provided in Part 6. Additional Information to provide an explanation.			
3.d.	State GA	3.e. ZIP Code 30076	1.d	. Name of Law Firm or Organization (if applicable)			
3.f.	Province	N/A		Rosen, Sokol & Clements Immigration Law Group			
3.g.	Postal Code	N/A	2.a.	qualified nonprofit religious, charitable, social			
3.h.	Country			service, or similar organization established in the			
	United States			United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.			
Can	to at Inform	tion of Attonum on Associated	2.b.	Name of Recognized Organization			
	ıucı injormu resentative	tion of Attorney or Accredited		N/A			
	Daytime Telepl	hone Number	2.c.	Date of Accreditation (mm/dd/yyyy)			
	678-461-6046			N/A			
	Mobile Telepho	one Number (if any)	3.	I am associated with			
	N/A			N/A			
	Email Address	(if any)		the attorney or accredited representative of record who previously filed Form G-28 in this case, and my			
- 1	jacky@rscimn			appearance as an attorney or accredited representative			
.]	Fax Number (if	any)	4.a.	for a limited purpose is at his or her request.			
	678-461-5556			I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).			
			4.b.	Name of Law Student or Law Graduate			

N/A

	3 . E	of Appearance as Attorney or	Client's Contact Information					
AC	credited Re	presentative	10. Daytime Telephone Number					
		pace to complete this section, use the space Additional Information.	678-524-6774					
		lates to immigration matters before	11. Mobile Telephone Number (if any)					
	ect only one bo		678-524-6774					
1.a.	☑ U.S. Cit	zenship and Immigration Services (USCIS)	12. Email Address (if any)					
1.b.	List the form	numbers or specific matter in which sentered.	rdeviez@hotmail.com					
	1-485		Mailing Address of Client					
2.a. 2.b.		nigration and Customs Enforcement (ICE) fic matter in which appearance is entered.	NOTE: Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application or petition being filed with this Form G-28.					
3.a.	U.S. Cus	toms and Border Protection (CBP)	13.a. Street Number and Name					
3.b.	1	fic matter in which appearance is entered.	13.b. Apt. Ste. Fir. N/A					
	N/A							
4.	Receipt Num		13.c. City or Town					
	• [O E 0 9 0 9 1 2 3 0 9 1	13.d. State 13.e. ZIP Code					
5.		pearance as an attorney or accredited at the request of the (select only one box):	13.f. Province N/A					
	Applican							
	Beneficia	ry/Derivative Respondent (ICE, CBP)	13.g. Postal Code N/A					
			13.h. Country					
-		out Client (Applicant, Petitioner, eficiary or Derivative, Respondent,	United States					
		ignatory for an Entity)	Part 4. Client's Consent to Representation and					
i.a.	Family Name	Hernandez	Signature					
	(Last Name)	Hernandez	Consent to Representation and Release of					
	Given Name (First Name)	Ruben	Information					
i.c.	Middle Name	Jose	I have requested the representation of and consented to being					
.a.	Name of Entity	y (if applicable)	represented by the attorney or accredited representative named					
	N/A		in Part 1. of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I					
.b.	Title of Author	rized Signatory for Entity (if applicable)	also consent to the disclosure to the named attorney or					
	N/A		accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.					
	Client's USCIS	Online Account Number (if any) N / A						
	Client's Alien F	Registration Number (A-Number) (if any) • A- N / A						

Form G-28 09/17/18 Page 2 of 4

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select all applicable items below. You may change these elections through written notice to USCIS.

- 1.a.

 I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94. Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.

1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

2.b. Date of Signature (mm/dd/yyyy)

01/30/2023

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney of Acredited Representative

1.b. Date of Signature (mm/dd/yyyy)

01/30/2023

2.a. Signature of Law Student or Law Graduate

NIA

2.b. Date of Signature (mm/dd/yyyy)

NA

Part 6. Additional Information						4.a	Page Numbe	4.b	. Part Number	4.c.	. Item Numbe
If you need extra space to provide any additional information							N/A		N/A		N/A
within this form, use the space below. If you need more space						4.d.	N/A				
than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of							N/A			le Ve	VILLE PLAN
paper. Type or print your name at the top of each sheet;						N/A				Figher	
indicate the Page Number. Part Number, and Item Number to which your answer refers; and sign and date each sheet.						N/A					
1.a	Family Name Harpandez						N/A				
11	(Last Name)	ne) Hellialde2					N/A				
1.D.	Given Name (First Name)						N/A			4	
1.c.	Middle Name Jose						N/A				
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